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PATENT APPLICATION FEE DETERMINATION RECORD 09/606,426 (Conf 6100) Substitute for Form PTO-875 OTHER THAN APPLICATION AS FILED - PART I OB SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE (\$) RATE (\$) FFF (\$) EEE/\$\ BASIC FEE (37 CFR 1.16(a), (b), or (c)) NIA NUA NIA NI/A SEARCH FEE (37 CFR 1.16(k), (i), or (m)) N/A N/A N/A N/A **EXAMINATION FEE** N/A N/A N/A N/A (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS (37 CFR 1.16(i)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(h)) minus 3 = If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(i)) N/A N/A * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY REMAINING PRESENT ADDI-NUMBER RATE (\$) RATE (\$) ⋖ EXTRA TIONAL TIONAL **AFTER** PREVIOUSLY AMENDMENT FEE (\$) AMENDMENT DAID FOR FEE (\$) Total 67 = 0 68 × 50 00 OR ัด 2 × 210 420.00 4 × OR Application Size Fee (37 CFR 1.16(s)) 260 .00 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) OR N/A TOTAL ADD'L FEE .00 OB (Column 1) (Column 2) (Column 3) PRESENT RATE (\$) ADDI-RATE (\$) ADDIω REMAINING NUMBER EXTRA AFTER PREVIOUSLY TIONAL TIONAL AMENDMENT AMENDMEN PAID FOR FEE (\$) FEE (\$) Minus Total × Ξ × OR Independent × AT CER 1 18KH OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(i)) N/A OR N/A TOTAL TOTAL OR ADD'L FEE ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20" *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 3 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USFPO by process) an application. Confirmation is premieted by 35 U.S. C. 124 and 3 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFPO. Time will vary depending upon the individual case. Any comment on the amount of the may sure require to complete this form and/or suggestions for rectaining this burdow, should be seen to be Chief Information CIV. Set Patient and Tractemart. Office. U.S. Department of Commerce. P.O. Box 1450, Alexandria, VA 22313-1450, DC 19 CFRD FEES OR COMPLETED FORMS TO THIS ADDRESS. SERVO TO: Commissioner for Patients. P.O. Box 1450, Alexandria, VA 22313-1450, DC 3013-1450.